

127-001708

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.	RETURN APPLICATION TO: STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: DIVISION OF PROFESSIONAL REGULATION P.O. Box 7007 Springfield Illinois 62791	FOR OFFICIAL USE ONLY <hr/> License Number Issued <hr/> Date License Issued														
Type of Business: <input type="checkbox"/> Detective Agency - 117 <input type="checkbox"/> Security Contractor Agency - 122 <input type="checkbox"/> Locksmith Agency - 192 (Check One) <input checked="" type="checkbox"/> Alarm Contractor Agency - 127 <input type="checkbox"/> Fingerprint Vendor Agency - 262																
Have you ever made an application for an agency license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FEIN No.: XXXXXXXXXX														
1. NAME OF AGENCY—Print name exactly as you wish it to appear on any certificate issued. Ring Protect Inc.		2. BUSINESS PHONE (Include Area Code) 504-496-0125														
3. ADDRESS OF PRINCIPAL OFFICE IN ILLINOIS - Street, City, State, ZIP Code AND P.O. Box if available. (The P.O. Box by itself is not acceptable for Agency Address.) 1523 26th Street 801 Adler Stevenson Dr Santa Monica, CA 90404 Spfld IL 62703		4. E-MAIL ADDRESS OF FULL-TIME LICENSEE-IN-CHARGE OF THIS AGENCY (REQUIRED) george.bish@ring.com 5. LICENSE NUMBER OF LICENSEE-IN-CHARGE 124001917 ✓														
6. CHECK TYPE OF OWNERSHIP AND COMPLETE APPROPRIATE SECTION																
<input type="checkbox"/> Sole Proprietorship—Owner of Agency _____ License No. _____																
<input type="checkbox"/> PARTNERSHIP—List all names of the members. (If additional space is necessary, use an extra sheet of paper.) <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: center;">Partners</th> <th style="text-align: center;">Address</th> <th style="text-align: center;">License Number</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Partners	Address	License Number	_____	_____	_____	_____	_____	_____					
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_____	_____	_____														
_____	_____	_____														
<input checked="" type="checkbox"/> CORPORATION <div style="text-align: right; margin-right: 50px;">JUL 28 2017</div> <div style="text-align: right; margin-right: 50px;">Div. of Professional Regulation</div> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Corporation Ring Protect Inc.</td> <td style="width:40%;">_____</td> </tr> <tr> <td>Address of Corporation 1523 26th Street, Santa Monica, CA 90404</td> <td>_____</td> </tr> </table> <table style="width:100%; border: none; margin-top: 10px;"> <thead> <tr> <th style="width:60%;">Name(s)</th> <th style="width:40%;">License Number(s) (If Licensed)</th> </tr> </thead> <tbody> <tr> <td>President Melvin Tang</td> <td>_____</td> </tr> <tr> <td>Vice President</td> <td>_____</td> </tr> <tr> <td>Secretary Leila Shaffer</td> <td>_____</td> </tr> <tr> <td>Treasurer</td> <td>_____</td> </tr> </tbody> </table>			Name of Corporation Ring Protect Inc.	_____	Address of Corporation 1523 26th Street, Santa Monica, CA 90404	_____	Name(s)	License Number(s) (If Licensed)	President Melvin Tang	_____	Vice President	_____	Secretary Leila Shaffer	_____	Treasurer	_____
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Secretary Leila Shaffer	_____															
Treasurer	_____															
<input type="checkbox"/> LIMITED LIABILITY COMPANY - (If additional space is necessary, use an extra sheet of paper.) <table style="width:100%; border: none;"> <tr> <td style="width:40%;">Name of Limited Liability Company</td> <td style="width:20%;">Member(s)</td> <td style="width:40%;">License Number(s)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>_____</td> <td>_____</td> </tr> </table>			Name of Limited Liability Company	Member(s)	License Number(s)	_____	_____	_____	Address	_____	_____					
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_____	_____	_____														
Address	_____	_____														
<input type="checkbox"/> GOVERNMENT ENTITY - (school district, etc) _____																
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct and completed and the licensee-in-charge is a full-time executive employee or owner. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="background-color: black; width: 150px; height: 30px; margin-bottom: 5px;"></div> Signature of Applicant </div> <div style="width: 45%; text-align: right;"> <div style="font-size: 1.2em; margin-bottom: 5px;">6/19/17</div> Date </div> </div>																
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.																

File Number

7131-685-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RING PROTECT INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JULY 25, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of JULY A.D. 2017 .***

Authentication #: 1720800924 verifiable until 07/27/2018

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

FORM **BCA 13.15** (rev. Dec. 2003)
**APPLICATION FOR AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS**
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to the Secretary of State.

SEE NOTE 1 CONCERNING PAYMENT! File # _____

Filing Fee: \$ _____ Franchise Tax: \$ _____ Penalty/Interest: \$ _____ Total: \$ _____ Approved: _____

-----Submit in duplicate -----Type or Print clearly in black ink-----Do not write above this line-----

1. (a) CORPORATE NAME: Ring Protect Inc.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____

(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the
transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation Delaware; Date of Incorporation May 19, 2017; Period of Duration Perpetual

3. (a) Address of the principal office, wherever located: (b) Address of principal office in Illinois:
(If none, so state)

1523 26th Street, Santa Monica, CA 90404

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent:	<u>Illinois Corporation Service Company</u>			
Registered Office:	First Name <u>801 Adlai Stevenson Drive</u>	Middle Initial <u></u>	Last Name <u></u>	
	Number <u>Springfield, IL</u>	Street <u>62703</u>	Suite # <u>Sangamon</u>	(A P.O. Box alone is not acceptable.)
	City <u></u>	ZIP Code <u></u>	County <u></u>	

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)
Delaware

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

	Name	No. & Street	City	State	ZIP
President	<u>Melvin Tang, 1523 26th Street, Santa Monica, CA 90404</u>				
Secretary	<u>Leila Rouhi Shaffer, 1523 26th Street, Santa Monica, CA 90404</u>				
Director	<u>Melvin Tang, 1523 26th Street, Santa Monica, CA 90404</u>				
Director	<u></u>				
Director	<u></u>				

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)
- To engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common Stock, \$0.0001 par value per share, 1000 shares authorized, 100 shares issued				

(If more, attach list)

9. Paid-in Capital: \$
- ("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 0
- (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ 0
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 0

11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time? NO
- (b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

Dated July 12, 2017

Ring Protect Inc.

(Exact Name of Corporation)

(Any Authorized Officer's Signature)

Leila Rouhi Shaffer, Secretary

(Print Name and Title)

- * PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RING PROTECT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RING PROTECT INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6391518 8300

SR# 20174656649

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

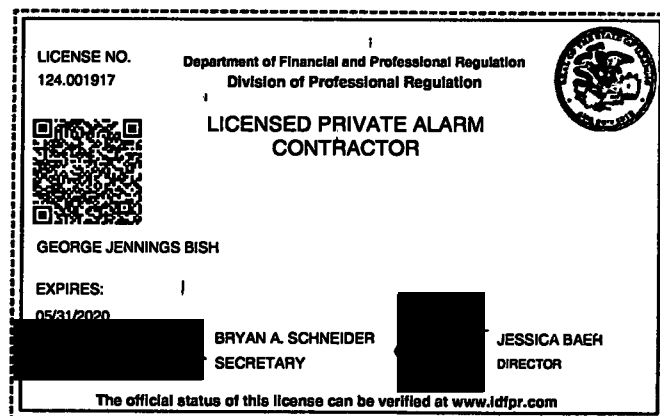
Authentication:

Date: 06-09-17



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3791744



Cut on Dotted Line ✂

Delaware

The First State

Page 1

**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF "RING PROTECT INC." AS
RECEIVED AND FILED IN THIS OFFICE.**

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

**CERTIFICATE OF INCORPORATION, FILED THE NINETEENTH DAY OF
MAY, A.D. 2017, AT 1:17 O'CLOCK P.M.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "RING PROTECT INC.".**



6391518 8100H
SR# 20174677554

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: [REDACTED]
Date: 06-09-17

CERTIFICATE OF INCORPORATION

OF

RING PROTECT INC.

FIRST

The name of the corporation (the "Corporation") is Ring Protect Inc.

SECOND

The registered address of the Corporation in the State of Delaware is c/o Corporation Service Company, 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, 19808. The name of the Corporation's registered agent at that address is Corporation Service Company. The principal office of the Corporation is 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, Delaware 19808.

THIRD

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware, as the same exists or may hereafter be amended ("DGCL") or any successor statute.

FOURTH

The total number of shares of all classes of stock that the Corporation shall have authority to issue is One Thousand (1,000) shares, all of which are Common Stock, with a par value of \$0.0001.

FIFTH

The name and mailing address of the sole incorporator is:

Rebecca Marquez
1523 26th Street
Santa Monica, CA 90404

SIXTH

In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized to adopt, alter, amend or repeal the bylaws of the Corporation.

SEVENTH

Election of directors need not be by written ballot unless the bylaws of the Corporation shall so provide.

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:17 PM 05/19/2017
FILED 01:17 PM 05/19/2017
SR 20173755156 - FileNumber 6420144

EIGHTH

A director of this Corporation shall not be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent that exculpation from liability is not permitted under DGCL as in effect at the time such liability is determined. No amendment or repeal of this Article EIGHTH shall apply to or have any effect on the liability or alleged liability of any director of the Corporation for or with respect to any acts or omissions of such director occurring prior to such amendment or repeal.

NINTH

(A) The Corporation shall indemnify its directors and officers to the fullest extent authorized or permitted by the DGCL, and such right to indemnification shall continue as to a person who has ceased to be director or officer of the Corporation and shall inure to the benefit of his or her heirs, executors and administrators; provided, however, that, except for proceedings to enforce rights to indemnification, the Corporation shall not be obligated to indemnify any director or officer (or his or her heirs, executors or administrators) in connection with a proceeding (or part thereof) initiated by such person unless such proceeding (or part thereof) was authorized by the Board of Directors of the Corporation. The right to indemnification conferred in this paragraph shall be a contract right and shall include the right to be paid by the Corporation the expenses incurred in defending or otherwise participating in any proceeding in advance of its final disposition.

(B) The Corporation shall have the express authority to enter into such agreements as the Board of Directors deems appropriate for the indemnification of directors and officers of the Corporation. Such agreements may contain provisions relating to, among other things, the advancement of expenses, a person's right to bring suit against the Corporation to enforce his or her right to indemnification, the establishment of a trust to assure the availability of funds to satisfy the Corporation's indemnification obligations to such person and other matters as the Board of Directors deems appropriate or advisable.

(C) The rights to indemnification and to the advancement of expenses conferred in this Article NINTH shall not be exclusive of any other right which any person may have or hereafter acquire under this Certificate of Incorporation, the bylaws of the Corporation, any statute, agreement, vote of stockholders or disinterested directors or otherwise.

(D) The Corporation may maintain insurance, at its expense, to protect itself and any director, officer, employee or agent of the Corporation or another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise against any expense, liability or loss, whether or not the Corporation would have the power to indemnify such person against such expense, liability or loss under the DGCL.

(E) Any repeal or modification of the foregoing provisions of this Article NINTH shall not adversely affect any right or protection of a director or officer of the Corporation, or other person indemnified by the Corporation, with respect to any acts or omissions of such director, officer or other person existing at the time of such repeal or modification.

TENTH

Subject to such limitations as may be from time to time imposed by other provisions of this Certificate of Incorporation, by the bylaws of the Corporation, by the DGCL or other applicable law, or by any contract or agreement to which the Corporation is or may become a party, the Corporation reserves the right to amend or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this express reservation.

(signature page follows)

I, THE UNDERSIGNED, being the sole incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware; do make this certificate, herein declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 19th day of May, 2017.

/s/ Rebecca Marquez
Rebecca Marquez, Sole Incorporator

August 22, 2017

State of Illinois
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

RE: Ring Protect Inc. / George Bish (license number: 124001917)

Dear Sir /Madam,

Per the deficiency notice received related to our application, I hereby authorize the Department of Professional Regulation to amend question number three on the attached application to reflect the following Illinois address: 801 Adlai Stevenson Drive, Springfield, IL 62703. A copy of the deficiency notice is attached as well.

Please feel free to contact me via phone/email should you have any questions.

Sincerely,



George Bish

george.bish@ring.com

704-784-4776

Direct Inquiries to the
IDFPR Call Center

Telephone No.: 1-800-560-6420

Attn: Professional Services Section

STATE OF ILLINOIS
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
www.idfpr.com

Date: 8/22/2017

Initials: MB

License No: 127

**YOUR APPLICATION OR REQUEST CANNOT BE PROCESSED DUE TO ERRORS OR DEFICIENCIES.
NO FURTHER ACTION CAN BE TAKEN ON YOUR APPLICATION UNTIL SUCH TIME AS ALL DEFICIENCIES HAVE
BEEN MET.**

TO:

RING PROTECT INC
George Bish
1523 26th St
Santa Monica, CA 90404

**RETURN THIS FORM
AND APPLICATION
WITH REMITTANCE,
IF APPLICABLE**

Deficiency Checklist

We cannot further process your application for Alarm Contractor Agency until we resolve an issue with the application.

Question 3 asked for the "Address of Principal Office in Illinois-Street, City, State, Zip Code AND P O Box if available". (P O Box alone is not acceptable). However, you provided the address above.

Please submit a written statement that provides the Illinois address and authorizes the Department to amend question 3 on the application.

Please submit the above with a copy of this letter to the address at the top of this page.

Once received, we will continue processing.

RECEIVED
AUG 30 2017
Professional Service Unit

RETURN INFORMATION WITH A COPY OF THIS NOTICE.

www.facebook.com/ILDPR
IL486-0923 07/01 (LMU)

www.idfpr.com

<http://twitter.com/#!/IDFPR>

July 27, 2017

State of Illinois
Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 W Washington Street
3rd Floor
Springfield, IL 62786

Re: Private Alarm Contractor – Mastec North America, Inc. – George Bish

Dear Sir/Madame,

This letter is to inform you that I will no longer be the qualifier for Mastec North America, Inc.

Sincerely,


George Bish